

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px;">Friends of Pete Gallego</div>			
ADDRESS (number and street) <div style="border: 1px solid black; padding: 2px;">PO Box 1781</div>			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">San Antonio</div> <div style="border: 1px solid black; padding: 2px;">TX</div> <div style="border: 1px solid black; padding: 2px;">78296</div> </div>			
2. NAME OF CANDIDATE <div style="border: 1px solid black; padding: 2px;">Rep. Pete Gallego</div>	3. OFFICE SOUGHT (State and District) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">House</div> <div style="border: 1px solid black; padding: 2px;">TX</div> <div style="border: 1px solid black; padding: 2px;">23</div> </div>		4. FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C00501908</div>
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
Citizens for Eleanor Holmes Norton 2201 Wisconsin Ave NW Ste 320 Washington DC 20007	Name of Employer Transaction ID : C4578603	10/22/2014	1000.00
	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Sanjuanita Garza-Cox 722 Ruidosa Downs Helotes TX 78023-4640	Name of Employer Pediatrix MEDNAX	10/22/2014	1000.00
	Transaction ID : C4578975 Occupation		
	Physician		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Kraege Polan 1315 Nueces St Austin TX 78701	Name of Employer Polan Culley Inc.	10/22/2014	1000.00
	Transaction ID : C4578971 Occupation		
	Consultant		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
	Occupation		

SIGNATURE (optional) <i>Mr. Wayne Alexander</i> <div style="text-align: center;">[Electronically Filed]</div>	DATE 10/23/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)